

DIVISION OF MH/DD/SAS-SUBSTANCE ABUSE SERVICES

WORK FIRST SUBSTANCE ABUSE INITIATIVE INDIVIDUAL SPECIFIC MONITORING

FY 2008/2009

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|--|---------------------------|------------------|---------------|
| LME: | | Date: | |
| Contract Provider: | | Record #: | |
| Control #: | Staff Interviewed: | | |
| Rating Codes: 0 = No 1 = Yes 9=NA | | | Rating |
| 1. The LME presently has individuals participating in the Work First/Substance Abuse Initiative program. | | | |
| 2. There is evidence of a signed release of information between the individual's referring county department of social services and the local LME/Contract Provider to communicate regarding assessment and disposition. | | | |
| 3. The release of information meets all the requirements for a valid release: | | a. | |
| a. Name of individual | | b. | |
| b. Name of program making disclosure | | c. | |
| c. Name of organization to which disclosure is to be made | | d. | |
| d. Nature of the information | | e. | |
| e. Purpose of disclosure | | f. | |
| f. Revocation Statement | | g. | |
| g. Expiration date | | h. | |
| h. Signature of individual | | i. | |
| 4. There is evidence of a completed SUDDS IV assessment for the participant. | | | |
| 5. There is evidence of a report to the county department of social services concerning the participant's treatment progress. | | | |
| Comments: | | | |
| | | | |
| Monitor: | | | |

NC DIVISION OF MH/DD/SAS
2008/2009
WORK FIRST SUBSTANCE ABUSE INITIATIVE - INDIVIDUAL

MONITORING INSTRUCTIONS

All LME's participate in this monitoring event.

Question #1: The monitor will determine if there are active Work First participants where the individual is engaged in substance abuse treatment. If there are no active participants, rate the question "0/No" and subsequent questions "9/NA".

Question #2: The monitor will review each service record to determine if a release of information was completed for the county DSS and LME to communicate regarding the individual receiving an assessment and the disposition. (County in this case is the individual's referring county).

Question 3: The monitor will review the release of information to ascertain that the release is valid. A valid release of information (meeting the requirements of 42 C.F.R. Part II) will include the following:

- a) Name of individual
- b) Name of program making disclosure (i.e. LME)
- c) Name of organization to which disclosure is to be made (i.e. County DSS)
- d) Nature of the information (i.e. outcome of assessment)
- e) Purpose of the disclosure (i.e. Work First eligibility)
- f) Revocation Statement
- g) Expiration Date (time limit of no more than one (1) year with reference to the specific information to be released.)
- h) Signature of service recipient
- i) Date (i.e. date signed by service recipient)

All elements (a-i) must be present in order to rate this question "1/Yes". If any item is not present, rate the question "0/No".

Question #4: The monitor will review each service record to determine if a Substance Use Disorders Diagnostic Schedule-IV (SUDDS-IV) assessment was completed on the individual. If an assessment other than the SUDDS-IV was completed, the rating code is "0/No".

NOTE: it is acceptable to complete an assessment in addition to the SUDDS-IV, but not necessary. **If the individual was engaged in substance abuse treatment prior to identification as a Work First participant, a SUDDS-IV is not required and the rating code should be NA.**

Question #5: The monitor will review the service record to determine if a report on the individual's progress in substance abuse treatment, either verbally (which could be found in a services note) or written (i.e. a letter or a form), was provided to the county department of social services.

